

# Foster Family Home - Corrective Action Report

Provider ID: 1-561052

Home Name: Mayrose Bocoboc, CNA

Review ID: 1-561052-8

990 Paaaina Street

Reviewer: Julie Hastings

Pearl City HI 96782

Begin Date: 10/27/2020

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1)- Home inspection completed for a 3 person CCFFH recertification.  
Corrective Action Report Issues with all written corrections approved by CTA by 11/27/2020

Foster Family Home	Medication and Nutrition	[11-800-47]
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47.(d)(1) By order of a physician;

Comment:

47.(d)(1)

All three clients do not have MD orders for [REDACTED]



Compliance Manager



Primary Care Giver

10/27/2020

Date

10/27/2020

Date

CTA RN Compliance Manager: JULIE HASTINGS

Community Care Foster Family Home (CCFFH)  
Written Corrective Action Plan (CAP)  
Chapter 11-800

PCG's Name on CCFFH Certificate: MAYROSE BOCOBOL  
(PLEASE PRINT)CCFFH Address: 990 AAAAAA ST. PEARL CITY, HI, 96782  
(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
47.(d) (1)	ALL THREE CLIENTS DO NOT HAVE MD ORDERS FOR RESTRAINTS <u>CLIENT'S NAME</u>	NOT	
①	<u>[REDACTED]</u> UP AT ALL TIMES WHILE IN BED	11/2/20	11/2/2020 - NP <u>[REDACTED]</u>
②	<u>[REDACTED]</u>	10/29/20	<u>[REDACTED]</u>
③	<u>[REDACTED]</u>	11/03/20	<u>[REDACTED]</u>
		11/21/20	I WILL REVIEW THE MD ORDERS AND SERVICE PLAN MONTHLY TO ENSURE APPROPRIATE ORDERS ARE IN PLACE FOR <u>[REDACTED]</u> WHEN NEEDED.

☒ All items that were fixed are attached to this CAPPCG's Signature: M. BocobolDate: 11/19/20☒ CTA has reviewed all corrected items